

Understanding Health Inequalities in Aotearoa New Zealand.
Kevin Dew and Anna Matheson (eds.) (2008)
Dunedin: Otago University Press

Reviewed by Barry Smith

The issue of ‘health inequalities’ (more euphemistically referred to in the *NZ Public Health and Disability Act 2000* as ‘health disparities’) – is a topic that has and does generate much debate globally both within and outside the health sector. While discussion in the United Kingdom has framed itself around matters to do with the ‘politics of class and gender’ – it is fair to suggest that, within New Zealand, the focus has been more inclined towards the ‘politics of ethnicity’. Such a distinction raises implications that makes the New Zealand context particularly interesting in that the structures and processes surrounding the development of health policy and intervention within the health sector invite multiple debates around, for example, the complex issues of power (often translated into ‘on the ground’ matters of governance) engagement and representation with and of iwi and hapu while, at the same time, studiously avoiding the notion of social class. This conceptual separation is of course fuelled by the accumulation of evidence that suggests that less than a half of the differences in mortality measures between Maori and non-Maori can be accounted for by socioeconomic variables which leaves a large proportion of the observed variation that must be attributed to other factors including ethnicity; a concept that is problematic in itself.

Arising from a 2004 Wellington based conference on health inequalities, health need and interventions, Kevin Dew and Anna Matheson’s edited volume contributes to the discussion around health inequalities by providing a useful summation around a broad range of local experiences and perspectives. Dew and Matheson are well placed both professionally and organisationally to do this. The collective authorship from a multiplicity of backgrounds contains names familiar to those with an interest in health inequalities in New Zealand. The standard of the contributions is commendably high.

Although Matheson and Dew’s useful introductory comments suggest a clear sense of cohesion and purpose to their editorial effort there is, nonetheless, a sense that topics have been fitted around those

available or willing to contribute to this volume rather than having been driven by an overarching editorial vision. While earlier chapters covering the current narratives around ethnic and socio-economic factors contain sound offerings from the likes of Bridget Robson and Chris Cunningham, later sections of the book which focus on understanding inequalities and developing intervention strategies are perhaps less convincingly coherent. This is in no way a reflection on the value or quality of the individual contributions which, for example, include a good evaluation by Brian Easton on the links between poverty and health and a statement by Philippa Howden-Chapman on her valuable work around reducing health inequalities through housing improvement. Rather, it is simply a consequence of the way the book's contents are sequenced. For example, it does seem that Part Four of the volume on intervention experiences sits apologetically as an after-word when, in fact, it is the section that presents challenging questions about ways to negotiate and address health inequalities that could have formed a valuable platform from which to launch a discussion that offers explanatory substance to the 'at the coal-face' experiences of those working in Otago and the Wellington region.

These observations notwithstanding, many will gain from reading this book. Possible candidates would be students of medicine, nursing and public health and other allied health disciplines along with those employed in the areas of social development and social welfare and others interested in the sociology of health. On the other hand, many of the themes commented on in this volume will be familiar to those working within the health sector as health practitioners, policy-makers and planners; a group that is identified as an intended target audience. It is suggested that this category of health sector employee will very likely be looking for less of a focus on descriptive commentary and more emphasis on the development of analytical and paradigmatic frameworks. Therein lies a challenge for academia and social scientists involved with health inequalities research. It is not more data or social narratives that are required. The health sector already has an over supply of these elements and is indeed 'data rich'. The sector is, however, 'information and theory poor' and attempts to develop better explanatory models that may throw more light on the complex association between social

conditions (across all levels of analysis), health status and effective health delivery are being constantly sought.

Of course ultimately no book can or should try to be all things to all audiences but, in the end, this collection of essays does provide a useful account of current thinking around the key issue of health inequalities. And even if little is proffered in the way of new perspectives, its ultimate value may lie in its potential to promote an interest in the field and to act as a catalyst for those who wish to explore the health inequality question afresh. Finally, and while not unusual in this type of publication, the absence of an index is a minor disappointment given the potential readership. On the other hand should this lead to the perusing of larger tracts of text then surely nothing will have been lost.